

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	- 2
5	18
- 30	3

City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Reporting Period Beginning OCT Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election ☐ wear-end report ☐ dissolution

DAULD J. CONWAY Full Name of Candidate (if applicable) LOWELL SCHOOL COMMITTEE Office Sought and District JAB ANDONER ST LOWELL Residential Address 978-453-1233 Tel. No. (optional)

COMMITTEE TO ELECT DAVID J. CONUA	/
Committee Name	
MARY CASSIDY CONWAY	
Name of Committee Treasurer	
SAS ANDONERST, LANELL, MA 01952	
Committee Mailing Address	
978-453-1233	
Tel. No. (optional)	

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 384370 Line 2: Total receipts this period (page 2, line 11) \$ 500,00 Line 3: Subtotal (line 1 plus line 2) \$4343,70 Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used ENTERPRISE BANK

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

AMM	vit of	Candid	ate: (check	I box	only)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

CONTRIBUTIONS

DATE	NAME	STREET	CITY	STATE	ZIP	RECPTS	S
10/31/13	CONWAY, DAVID & MARY	528 ANDOVER ST.	LOWELL	MA	01852	s	500.00

EXPENSES

DATE	NAME	STREET	CITY	STATE ZIP	ZIP	INFO.	WTD.	
10/29/13	10/29/13 CAMPAIGNS THAT WIN.C: 210 PARK AVE., #210 WORCESTER MA	3 210 PARK AVE., #210	WORCESTER	MA	01609	01609 MAILER #2	s	3,774.52
10/29/13	10/29/13 ENTERPRISE BANK	222 MERRIMACK ST.	LOWELL	MA	01852	01852 SERVICE CHARGE	s	19.85
11/13/13	11/13/13 LOWELL SUN	491 DUTTON ST.	LOWELL	MA	01852	01852 NEWSPAPER ADS	*	129.00
11/29/13	1/29/13 ENTERPRISE BANK	222 MERRIMACK ST.	LOWELL	MA	01852	01852 SERVICE CHARGE	s	18.49
12/30/13	12/30/13 ENTERPRISE BANK	222 MERRIMACK ST.	LOWELL	MA	01852	01852 SERVICE CHARGE	s	18.04
						TOTAL	s	3,959.90

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Alla		
		/411		
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: "	Total In-kind	

If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		RIA		
		1. / 10.		
1	Enter on page 1, line 7	Line 18: OUTSTANDING LIA	BILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4